STATE OF MARYLAND

DHMH

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June 1, 2012

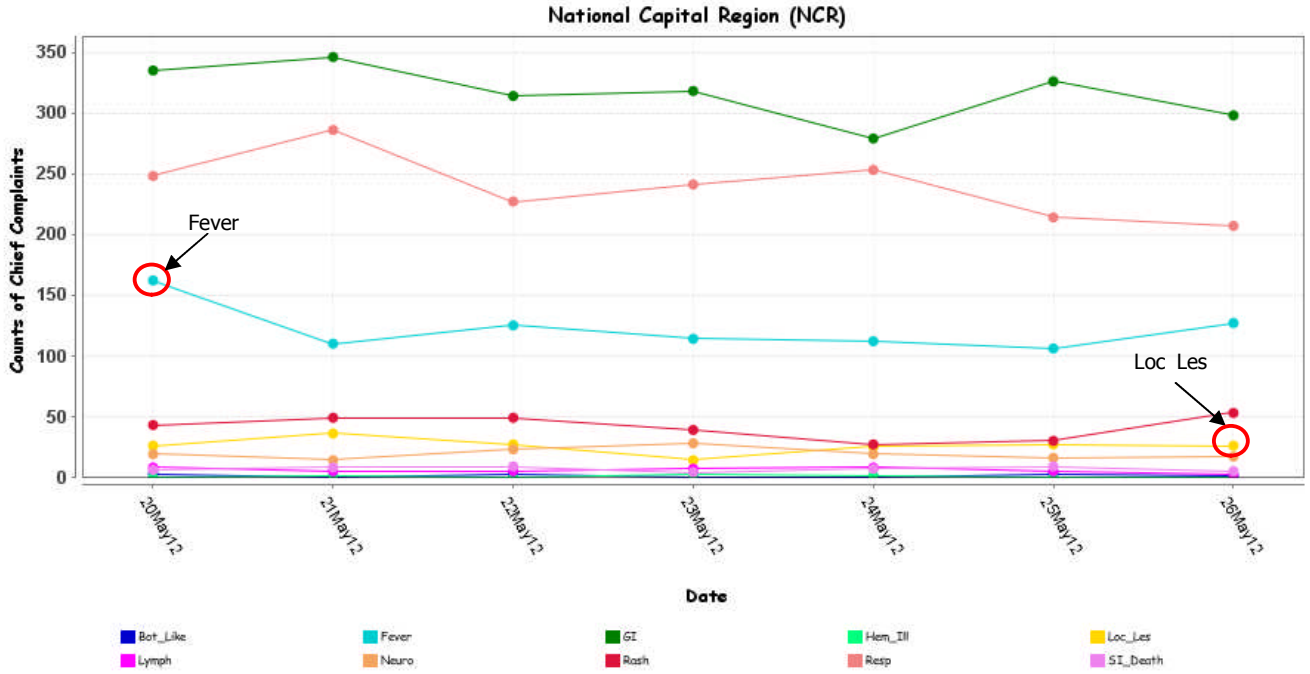
Public Health & Emergency Preparedness Bulletin: # 2012:21
Reporting for the week ending 05/26/12 (MMWR Week #21)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

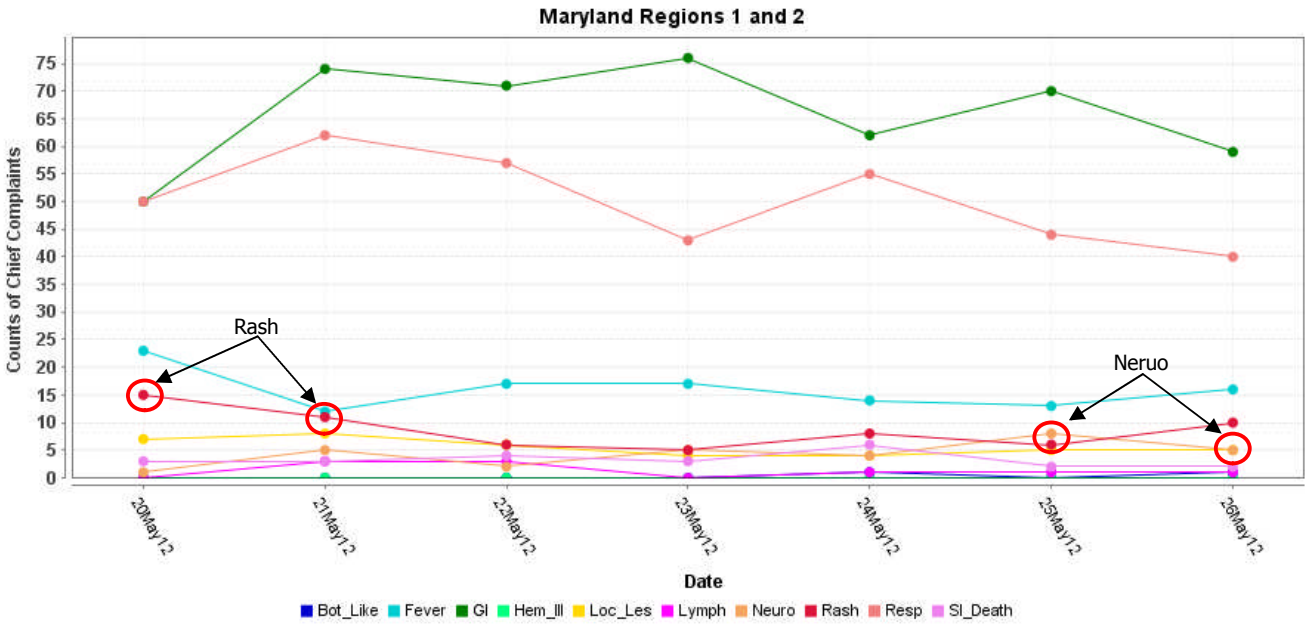
SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

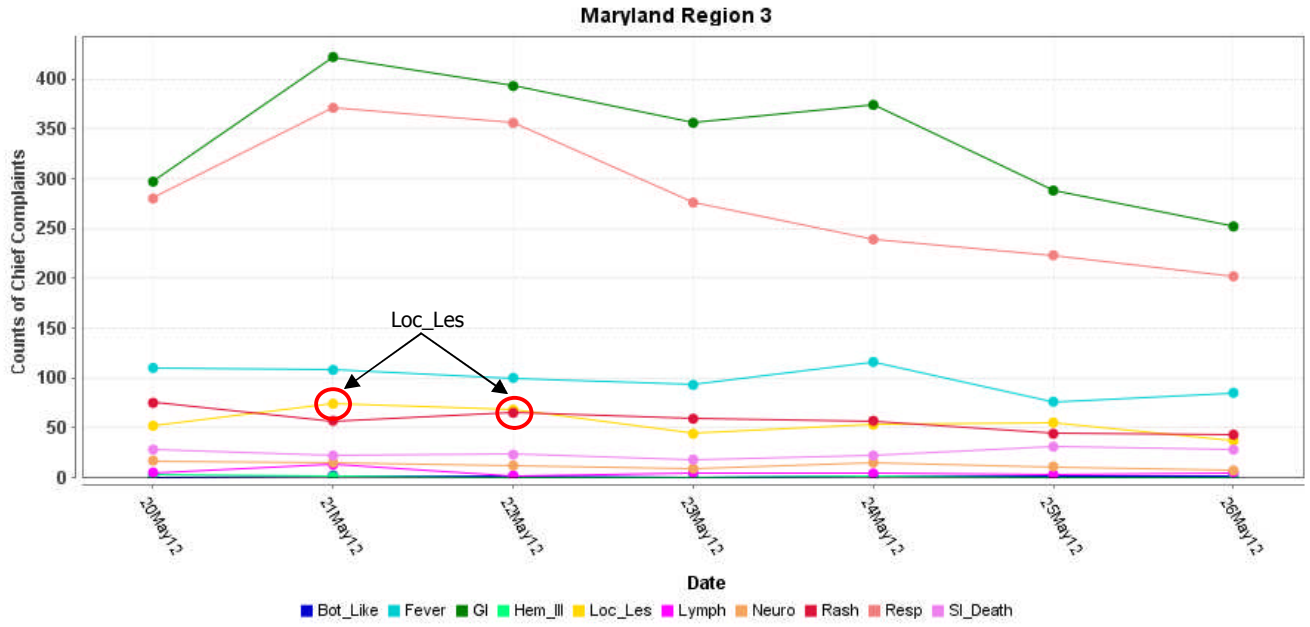


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

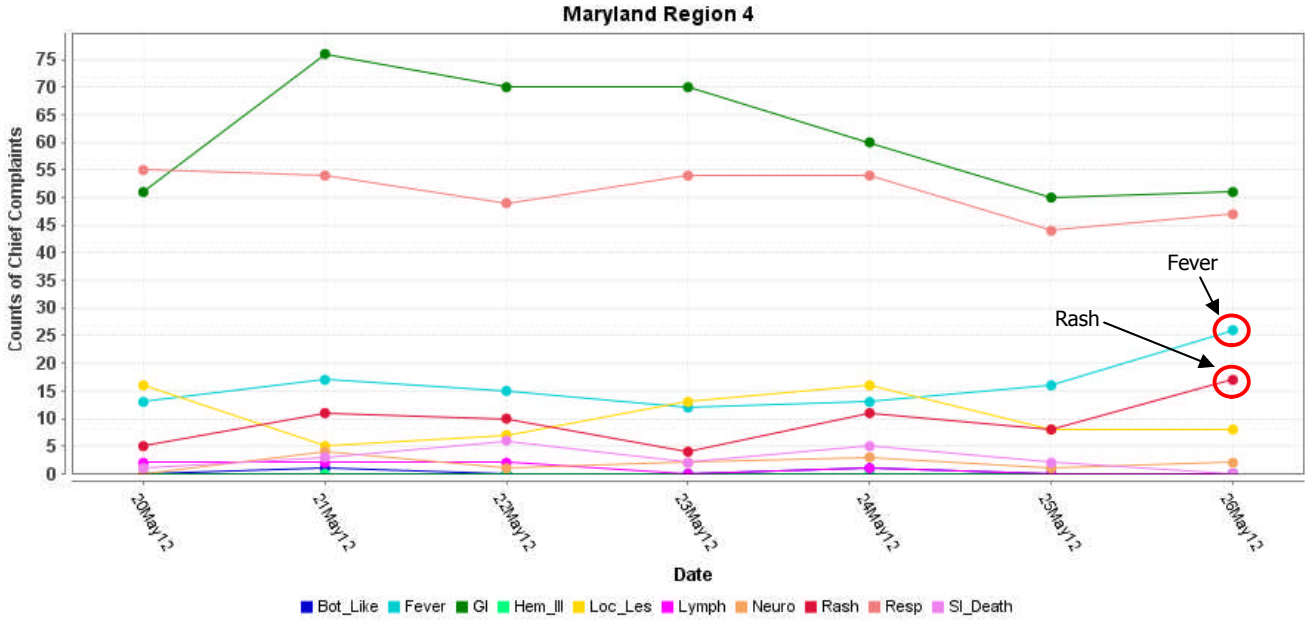
MARYLAND ESSENCE:



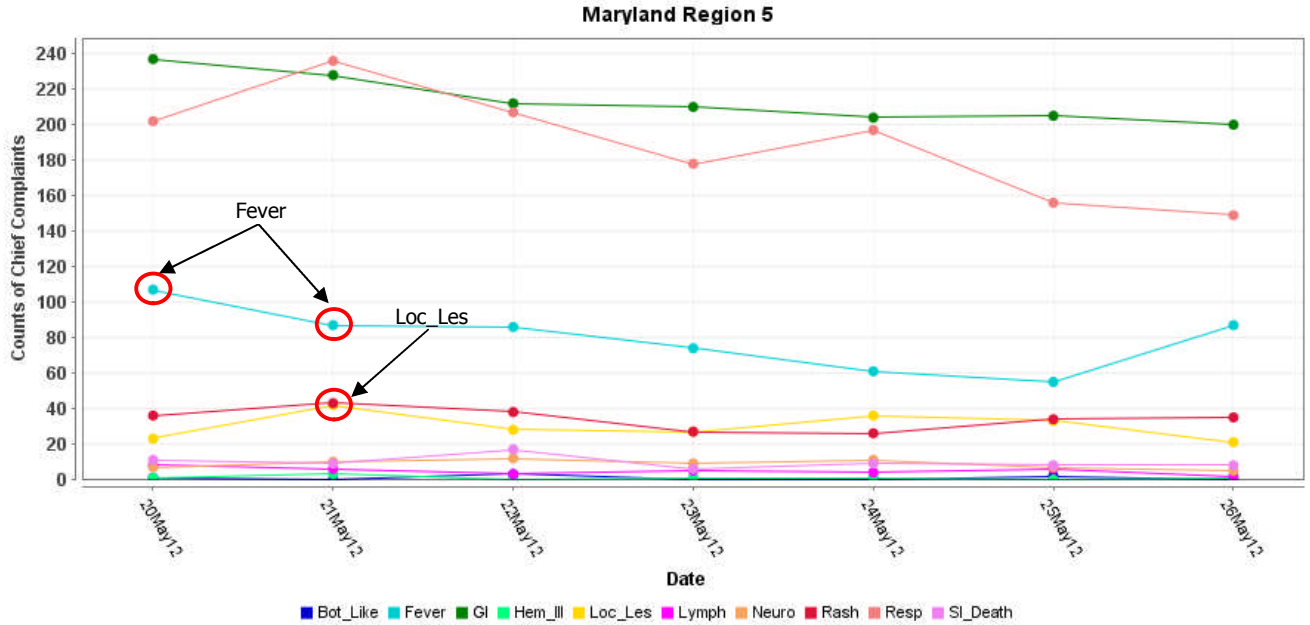
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



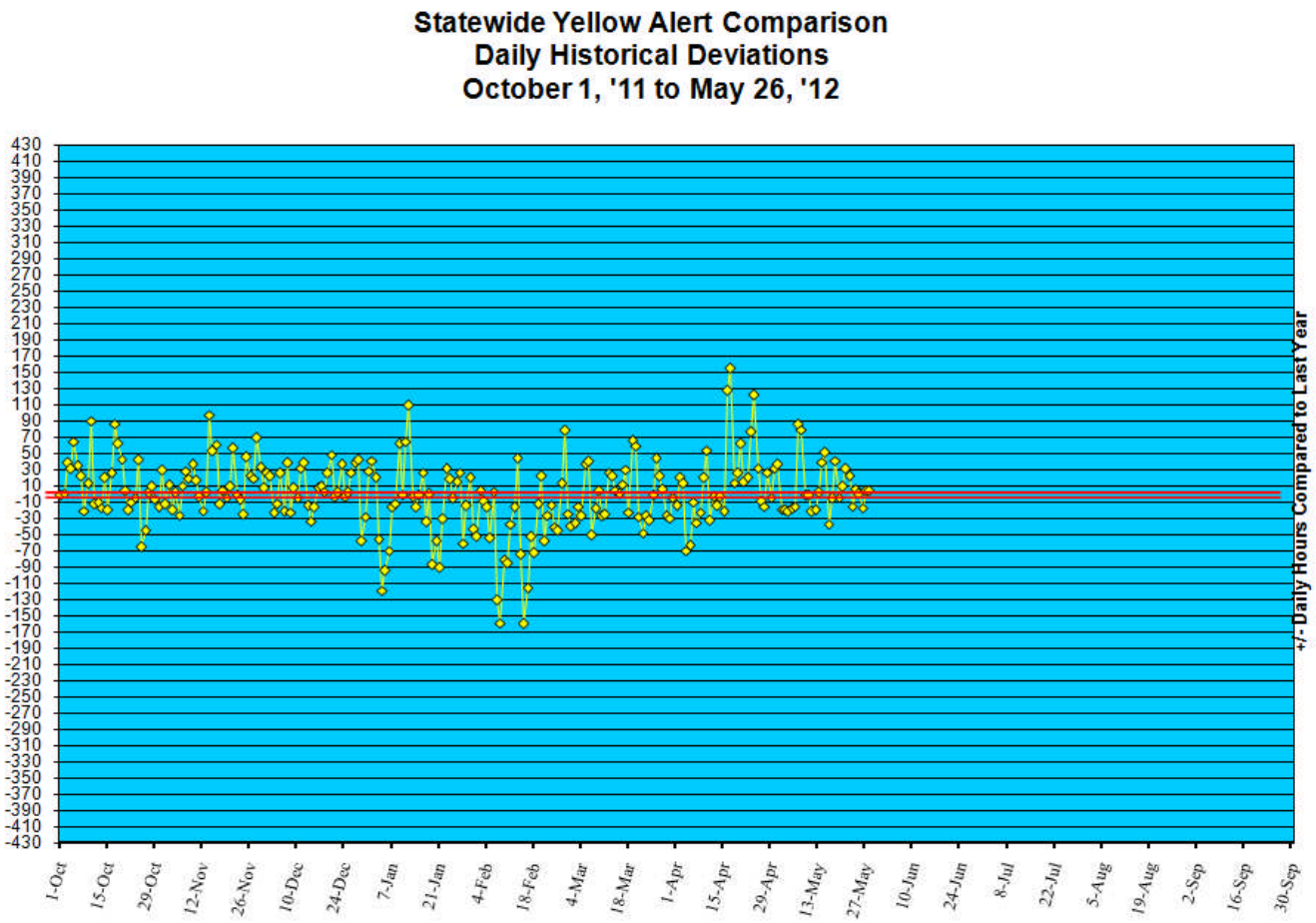
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in February 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (May 20 – May 26, 2012):	8	0
Prior week (May 13 – May 19, 2012):	12	0
Week#21, 2011 (May 21 – May 27, 2011):	1	0

6 outbreaks were reported to DHMH during MMWR Week 21 (May 20 – May 26, 2012)

1 Gastroenteritis outbreak
1 outbreak of GASTROENTERITIS in a Nursing Home

2 Foodborne outbreaks
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Church Event

1 Respiratory illness outbreak
1 outbreak of AFRD/PNEUMONIA in a Nursing Home

2 Rash illness outbreaks
1 outbreak of SCABIES in a Nursing Home
1 outbreak of HAND, FOOT AND MOUTH DISEASE in a Daycare Center

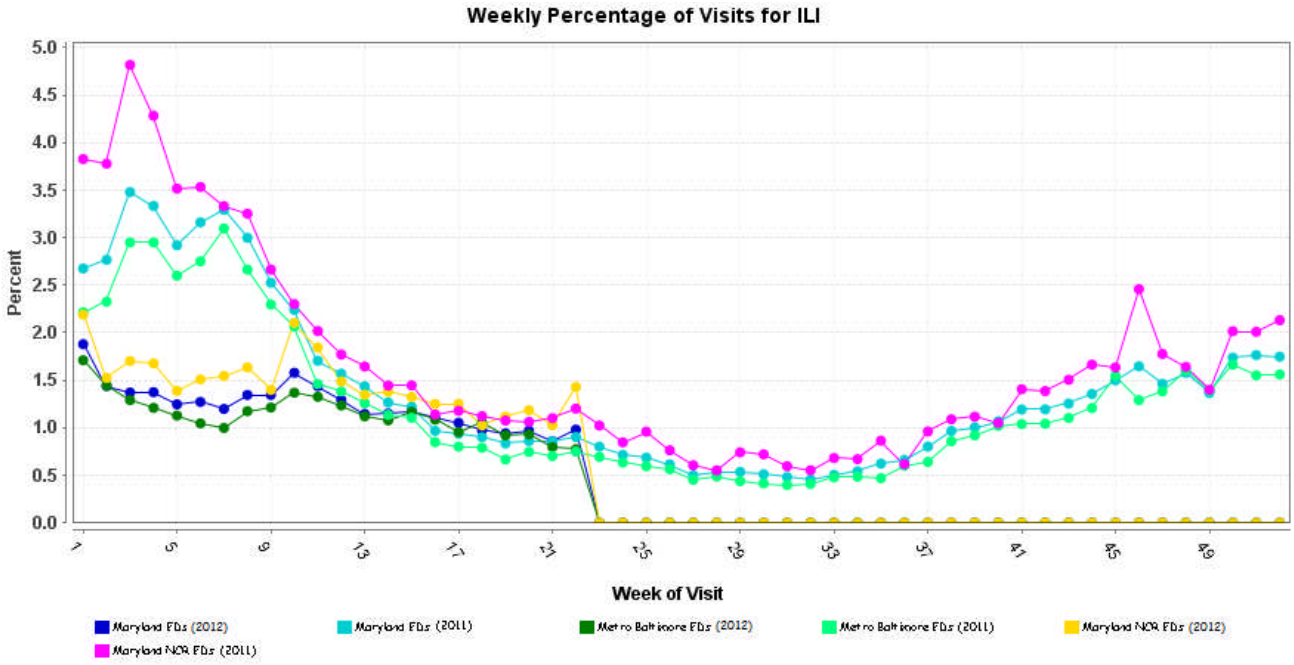
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

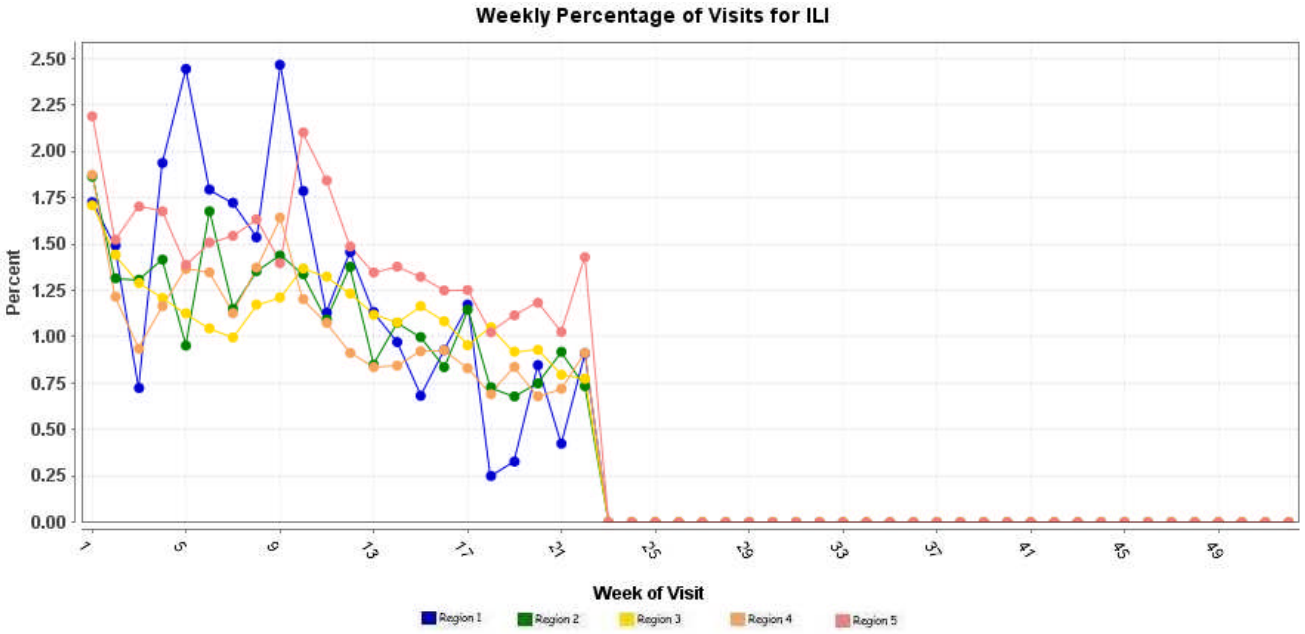
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



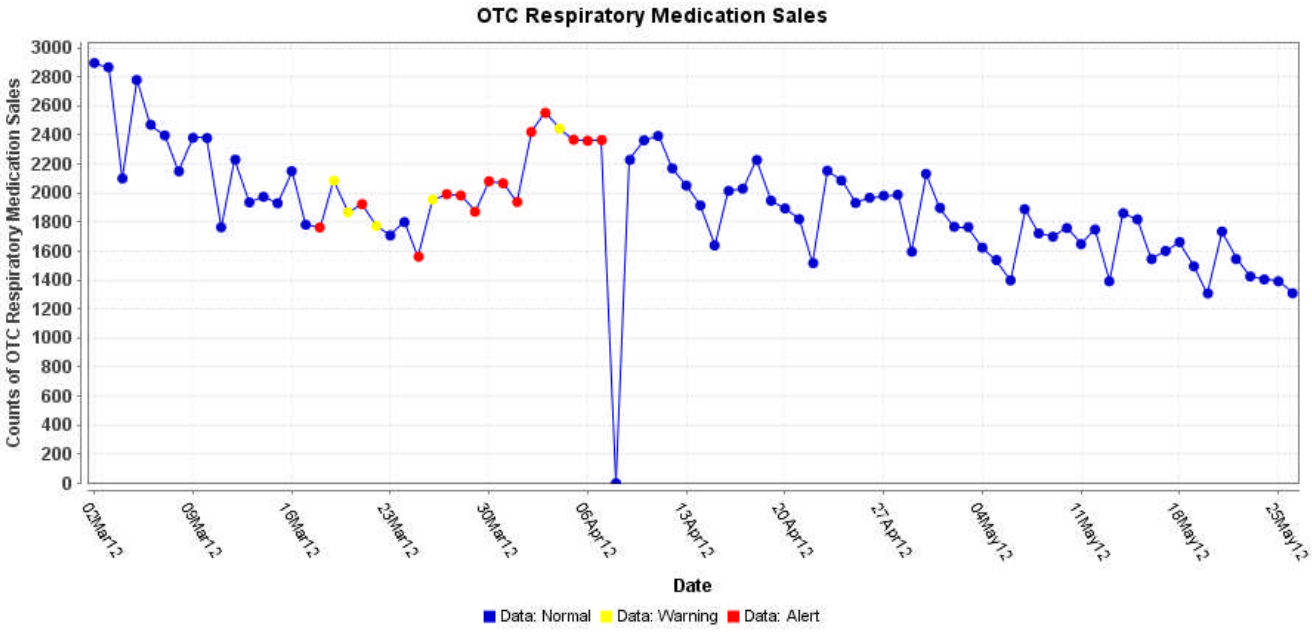
* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of May 2, 2012, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 603, of which 356 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS

SALMONELLOSIS (NORTH CAROLINA): 22 May 2012, A Rockville (MD) company is recalling all packages of a food product because of potential salmonella contamination. Indonesianfoodmart.com announced the recall of Tempeh Starter Yeast and Super Starter Yeast on Tue 22 May 2012. The products were distributed nationwide and abroad. The product was imported from Indonesia. It comes in sealed, clear, plastic packages marked with a small computer-printed label. The sizes sold are 30 gm, 50 gm, 250 gm, and 1000 gm. The company said in an email that several illnesses have been reported in connection with the starter yeast. The potential for contamination was noted after testing by the North Carolina Department of Agriculture and Consumer Services showed the presence of [the same] salmonella in some of the product. Tests concluded last week that a food ingredient distributed by a Maryland company was the source of the outbreak that had sickened at least 62 Buncombe County residents. The total number of reported cases linked to the outbreak was 83 as of late last week [and now up to 87 in total]. The Rockville, Maryland company, Tempeh Online, sold the starter culture to Smiling Hara Tempeh, which made the meat substitute in Candler. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

GASTROINTESTINAL ILLNESS (TURKS AND CAICOS ISLANDS): 24 May 2012, The Turks and Caicos Islands Health Surveillance team is investigating a recent outbreak of diarrhea, abdominal pain and vomiting on Providenciales among more than 100 people who stayed in or dined at local resorts over the last several weeks. On 26 May 2012, the Ministry of Health and Education (MOHE) and Environmental Health Department (EHD) confirmed that tests results for one individual confirmed the presence of norovirus [infection], a highly contagious viral illness which is common in outbreaks of gastroenteritis (diarrhea and vomiting) throughout the world. It can be transmitted from person to person, through contact with vomitus or feces of infected individuals, consumption of contaminated food or water, contact with soiled surfaces and bed linens etc. Other than supportive therapy, norovirus [infection] usually requires little by way of medical interventions and usually resolves without incident. "The MOHE and EHD would like to emphasize that at this time norovirus [infection] cannot be confirmed as the cause of the current outbreak of diarrhea and vomiting based on this single positive result," the statement said. "Investigations of the Public Health Team are ongoing, in collaboration with the Caribbean Epidemiology Center and Pan American Health Organization, the global experts in outbreak investigation." One foursome staying on Providenciales in a private villa told the fp that they were stricken with the illness -- which hospital officials told them was some kind of virus -- after eating at a restaurant in a hotel on Grace Bay. One woman became so ill she had to be hospitalized and receive intravenous fluids to overcome the symptoms. Grace Bay Club announced 24 may 2012 that it has stopped accepting reservations until 1 Jun 2012 to sanitize the resort. "Currently, Grace Bay Club is providing hand sanitizers throughout the resort to all guests and staff, and all public spaces, kitchens, restaurants, plumbing systems and guest rooms are being thoroughly sanitized with bleach according to the safety standards of the Department of Environmental Health," the resort said. "Additionally, Grace Bay Club is providing medical assistance to affected guests, alerting current and future guests of the situation and offering them the option to adjust existing reservations without penalty. Once all guests depart the resort, a more extensive, full-property sanitization will take place." Sources tell the fptci agency that Grace Bay Club was not the only resort where guests had the symptoms and that more than 100 people have been treated since April [2012]. The government health team would not say how many have been affected pending the outcome of its investigation. "We have deployed our public health teams to assess, to identify and report on the situation utilizing CAREC and PAHO/World Health Organization guidelines," the Ministry of Health and Education said in a statement May 22. "Our top priority is to protect the public as well as the tourism industry from any further illness by containing this outbreak." The team asks that anyone who experiences the symptoms to report to any health care facility for evaluation and treatment. Those people may be interviewed in confidence to help pinpoint the source of the outbreak. The ministry encourages the public to practice healthy hygiene such as frequent hand washing, especially when preparing meals, before eating and after using the toilet. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (NEW ZEALAND): 24 May 2012, An outbreak of legionnaires' disease in Auckland has claimed a 2nd life and infected 16 people. Legionnaires' is a form of pneumonia that can be life threatening for people with weakened immune systems. In February [2012] the Auckland Regional Public Health Service warned of an outbreak and began working with Auckland Council to encourage shock-dosing of all cooling towers and industrial water-cooling systems, in a region-wide effort to stop the disease spreading. To 1 Apr 2012, 12 people had been infected and in March it claimed its 1st victim, an elderly woman who was already ill. Figures released under the Official Information Act yesterday [23 May 2012] show a further 4 people have been infected and another person has died. That person was also believed to be suffering from underlying health issues. The health service couldn't say where the deaths occurred because they don't record that information. A further 2 people contracted legionnaires' [disease] between January and February 2012 but their cases occurred before the outbreak. Typically one or 2 cases are identified in a 6-week period. Those infected contracted the disease from a water source, which may include air conditioning systems in buildings, the health service said. It was believed more than 600 buildings shock-dosed their water-cooling systems following the health scare. However, the health service has been unable to establish a definite link between the cooling systems and the outbreak. The health service believes the "warm, damp summer" period may have provided a breeding ground for the bacteria. "We thought of any situation where there would be old water droplets in the air and had to think outside the square," said spokeswoman Cathy McIntosh. In the past 27 days only one person had contracted the disease so if there are no further cases in the next fortnight health authorities will rule the

outbreak is over. The health service is trying to safeguard against future outbreaks, including working alongside the Department of Labor to test workplaces as potential sources of infection. "[The outbreak] has put a reminder in places to help people understand that they have a responsibility," McIntosh said. Symptoms of legionnaires' can include headache, diarrhea, dry cough, drowsiness, and delirium. It is treated with antibiotics, however, most people who contract the disease are hospitalized with pneumonia. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable